STATE OF NEW HAMPSHIRE

for LOBBYISTS

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JUL 2 1 2017

STATE

2017 Statement of Income and Expenses (RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Kare	en Soucy		NEW HAMPSHIRE DEPARTMENT OF STA
II. Name of lobbyist's partnersh	ip, firm or corporation, if a	ny:	- "
Bianco Professional A	ssociation		
(Name of partners	hip, firm or corporation)		
18 Centre Street	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603 <u>225-7170</u> (Telephone)	(603) 226-0165 (Fax		@biancopa.com
III. This statement covers: (Choreportable expense transactions			ny file a separate report for
All reportable transactions occ	urring in the months prior to	the reporting date relative to th	e following client:
(Full Name	of Client as it appears on the Lo	obbyist Registration Form)	
All reportable transactions by t unrelated to any particular client.	he lobbyist (including the lob	obyist's family), or the lobbying	g firm listed below which are
IV. Date of Report April 26, Reports cover: activity from date	2017 [] of registration to 3/31/17	July 26, 2017 X activity from 4/1/17 to 6/3 0 /17	
	25, 2017 [] 7/1/17 to 9/30/17	January 31, 2018	/17
V. There have been no fees re If this box is checked, complete just Concord, NH 03301.	eceived and no reportable st this form and submit it to to	e transactions made since t he Secretary of State's Office, S	he last report. Ustate House, Room 204,
VI. Check if additional reports a	re attached:		
		file Addendum A - Fees and E	xpenses
Expense Reimbursement		ou must file Addendum B Re	
X If you, your firm, or your fam	ily has made political contrib	outions, you must file Addendu	tm C Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, R and complete to the best of my kn (Signature of lobbyist)	SA 14-C and RSA 664 and I owledge and belief.	nereby swear or affirm that the	
Karen Soucy	<u></u>		
(Print Name of lobbyist)			

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

II. Name of lobbyist's parti	nership, firm or cor	poration, if any:	
•	sional Association	•	
	ership, firm or corporation)		
III Name of Client			Date 07/18/2017
THE CALL OF CHER			
Political Contributions For each political contributi client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate: C		t House Democrats	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$ 3	30.00	Office Candidate i	s Seeking
actual cost of the in-kind contr enter an estimated value and th	ibution on the line abo ne word "estimate."	ve for amount of contribu	ution. If the actual cost is not know
actual cost of the in-kind contr enter an estimated value and th	ibution on the line abo	ve for amount of contribu	ution. If the actual cost is not know
actual cost of the in-kind contrenter an estimated value and the	ibution on the line abo	ve for amount of contribu	ution. If the actual cost is not known
enter an estimated value and th	ibution on the line abo	ve for amount of contribu	ution. If the actual cost is not know
actual cost of the in-kind contrenter an estimated value and the Full name of candidate: Amount of contribution \$	(Last Name) d contribution, provide ibution on the line abo	(First Name)	ution. If the actual cost is not know
actual cost of the in-kind contrenter an estimated value and the Full name of candidate: Amount of contribution \$	(Last Name) d contribution, provide ibution on the line abo	(First Name) a description of the good ve for amount of contributions.	(Middle Name/Initial)
actual cost of the in-kind contrenter an estimated value and the Full name of candidate: Amount of contribution \$	(Last Name) d contribution, provide ribution on the line about word "estimate."	(First Name) a description of the good ve for amount of contributions.	(Middle Name/Initial) ds or services provided, and enter thution. If the actual cost is not know

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."					
(If more than three contributions were made, report additional contributions)	ons on separate addendum C forms.)				
Sworn Statement/Affirmation by Lobbyist					
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belie					
XV					
	07/18/2017				
(Signature of lobby st)	(Date)				
Karen N. Soulce					
(Print Name of lobbyist)					